STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| II. Name of Lobbyist's partnership, firm or corporation, if any: Planed Reventhood of Detrain Vew Englo (Name of partnership, firm or corporation) What was a comparation of the compa |
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| Planned Reventhood of Dethirm Wew Englo (Name of partnership, firm or corporation) War Ave |
| (Name of partnership, firm or corporation) (Name of partnership, firm or corporation) (Name of partnership, firm or corporation) (Occord Ut C370) (Business Address: (Street) (Town/City) (State) (Zip Code) (OB) (Let T4-8-3-72) () e-mail (Caylor, Marganery Caylor, Marganery Cay |
| Business Address: (Street) (Town/City) (State) (Zip Code) (W) 44-83+2 () e-mail (Caylor. Manager Propose Cong (Fax) (Fax) (Fax) (Telephone) (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). |
| Business Address: (Street) (Town/City) (State) (Zip Code) (OB) Let -83+2 () e-mail Caylor. Many Congression (Fax) [Fax] (Fax) Pennel Congression (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). |
| (OB) L+4-83+2 () e-mail Cayle. Managery Print org [Fax) [Fax] |
| III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). |
| reportable expense transactions which are not attributable to any one client). |
| reportable expense transactions which are not attributable to any one client). |
| All reportable transactions occurring in the months prior to the reporting date relative to the following client: |
| |
| (Full Name of Client as it appears on the Lobbyist Registration Form) |
| OR |
| All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. |
| |
| IV. Date of Report April 24, 2019 July 31, 2019 July 31, 2019 activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/19 |
| October 30, 2019 January 29, 2020 activity from 7/1/19 to 9/30/19 activity from 10/1/19 to 12/31/19 |
| V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301. |
| VI. Check if additional reports are attached: |
| ☐ If you have received fees or made expenditures, you must file Addendum A—Fees and Expenses |
| ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B— Report of Honorariums or Expense Reimbursement |
| If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions |
| |
| |
| Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true |
| and complete to the best of my knowledge and belief. |
| / Jun 11. 1 _ 4/24/19 |
| (Signature of lobbyist) (Date) |
| (Prin Name of lobbyist) |